



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE CINCINNATI LIFE INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 - Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION CINCINNATI LIFE INSURANCE COMPANY

2. LOCATION Fairfield, OH 45014-5141

NAIC Group Code 0244		BUSINESS IN THE STATE OF Indiana			DURING THE YEAR 2010		NAIC Company Code 76236			
		Comprehensive Health Coverage			4	5	6	7	8	9
		1	2	3	Government Business	Other Business	Other	Subtotal	Uninsured	Total
		Individual	Small Group Employer	Large Group Employer	(excluded by statute)	(excluded by statute)	Health	(Cols 1 thru 6)	Plans	(7 + 8)
1.	Premium:									
1.1	Health premiums earned (From Part 2, Line 1.8)	1,385	547	0	0	0	447,342	449,274	XXX	449,274
1.2	Federal high risk pools							0	XXX	
1.3	State high risk pools							0	XXX	
1.4	Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	1,385	547	0	0	0	447,342	449,274	XXX	449,274
1.5	Federal taxes and federal assessments	95	37				30,568	30,700		30,700
1.6	State insurance, premium and other taxes (Similar local taxes of \$_____)	32	12				10,211	10,255		10,255
1.7	Regulatory authority licenses and fees	4	1				1,193	1,198	XXX	1,198
1.8	Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	1,255	496	0	0	0	405,371	407,121	XXX	407,121
1.9	Net assumed less ceded reinsurance premiums earned							0	XXX	
1.10	Other adjustments due to MLR calculations - Premiums							0	XXX	
1.11	Risk revenue							0	XXX	
1.12	Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	1,255	496	0	0	0	405,371	407,121	XXX	407,121
2.	Claims:									
2.1	Incurred claims excluding prescription drugs						300,180	300,180	XXX	300,180
2.2	Prescription drugs							0	XXX	
2.3	Pharmaceutical rebates							0	XXX	
2.4	State stop loss, market stabilization and claim/census based assessments							0	XXX	
3.	Incurred medical incentive pools and bonuses							0	XXX	
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)							0		
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 – 2.4 + 3) (From Part 2, Line 2.10)	0	0	0	0	0	300,180	300,180	XXX	300,180
5.1	Net assumed less ceded reinsurance claims incurred							0	XXX	
5.2	Other adjustments due to MLR calculations - Claims							0	XXX	
5.3	Rebates paid							0	XXX	
5.4	Estimated rebates unpaid prior year							0	XXX	
5.5	Estimated rebates unpaid current year							0	XXX	
5.6	Fee for service and co-pay revenue							0	XXX	
5.7	Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	0	0	0	300,180	300,180	XXX	300,180
6.	Improving Health Care Quality Expenses Incurred:									
6.1	Type A Expenses for health improvements other than Health Information Technology							0		
6.2	Type B Health Information Technology expenses related to health improvement							0		
6.3	Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2)	0	0	0	0	0	0	0	0	0
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.3) / Line 1.8	0.000	0.000	0.000	XXX	XXX	XXX	XXX	XXX	XXX
8.	Claims Adjustment Expenses:									
8.1	Cost containment expenses not included in quality of care expenses in Line 6.3							0		
8.2	All other claims adjustment expenses							0		
8.3	Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	0	0	0	0	0	0	0
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	XXX
10.	General and Administrative (G&A) Expenses:									
10.1	Direct sales salaries and benefits	347	137				111,988	112,472		112,472
10.2	Agents and brokers fees and commissions	180	71				58,098	58,349		58,349
10.3	Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)							0		
10.4	Other general and administrative expenses	290	114				93,549	93,953		93,953
10.5	Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	816	322	0	0	0	263,635	264,773	0	264,773
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.3 – 8.3 – 10.5)	439	173	0	0	0	(158,444)	(157,832)	XXX	(157,832)
12.	Income from fees of uninsured plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13.	Net investment and other gain/(loss)	XXX	XXX	XXX	XXX	XXX	XXX	68,915	XXX	68,915
14.	Federal income taxes (excluding taxes on Line 1.5 above)	(297)	(117)				(96,061)	(96,476)		(96,476)
15.	Net gain or (loss) (Lines 1.1 + 1.2 + 1.3 – 1.4)	XXX	XXX	XXX	XXX	XXX	XXX	7,559	XXX	7,559
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses)							0		
OTHER INDICATORS:										
1.	Number of Certificates / Policies	3					633	636		636
2.	Number of Covered Lives	3					634	637		637
3.	Number of Groups	XXX						0		
4.	Member Months							0		

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SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

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REPORT FOR: 1. CORPORATION CINCINNATI LIFE INSURANCE COMPANY

2. LOCATION Fairfield, OH 45014-5141

NAIC Group Code 0244		BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2010			NAIC Company Code 76236	
		Comprehensive Health Coverage			4	5	6	7
		1 Individual	2 Small Group Employer	3 Large Group Employer	Government Business (excluded by statute)	Other Business (excluded by statute)	Other Health	Total
1.	Health Premiums Earned:							
1.1	Direct premiums written.....	1,385	547				447,342	449,274
1.2	Unearned premium prior year.....							
1.3	Unearned premium current year.....							
1.4	Change in unearned premium (Lines 1.2 – 1.3).....	0	0	0	0	0	0	0
1.5	Reserve for rate credits prior year.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.6	Reserve for rate credits current year.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.7	Change in reserve for rate credits (Lines 1.5 – 1.6).....	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1.8	Total direct premiums earned (Lines 1.1 + 1.4 less \$.....)write offs.....	1,385	547				447,342	449,274
1.9	Assumed premiums earned from non-affiliates.....							
1.10	Net assumed less ceded premiums earned from affiliates.....							
1.11	Ceded premiums earned to non-affiliates.....							
1.12	Other adjustments due to MLR calculation – Premiums.....							
1.13	Net premiums earned (Lines 1.8 + 1.9 + 1.10 – 1.11 – 1.12)	1,385	547	0	0	0	447,342	449,274
2.	Direct Claims Incurred:							
2.1	Paid claims during the year.....						165,837	165,837
2.2	Direct claim liability current year.....						77,169	77,169
2.3	Direct claim liability prior year.....						75,405	75,405
2.4	Direct claim reserves current year.....						449,501	449,501
2.5	Direct claim reserves prior year.....						316,922	316,922
2.6	Direct contract reserves current year.....							
2.7	Direct contract reserves prior year.....							
2.8	Incurred medical incentive pools and bonuses (Lines 2.8a + 2.8b – 2.8c).....	0	0	0	0	0	0	0
2.8a	Paid medical incentive pools and bonuses current year.....							
2.8b	Accrued medical incentive pools and bonuses current year.....							
2.8c	Accrued medical incentive pools and bonuses prior year.....							
2.9	Net healthcare receivables (Lines 2.9a – 2.9b).....	0	0	0	0	0	0	0
2.9a	Healthcare receivables current year.....							
2.9b	Healthcare receivables prior year.....							
2.10	Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 – 2.9).....	0	0	0	0	0	300,180	300,180
2.11	Assumed incurred claims from non-affiliates.....							
2.12	Net assumed less ceded incurred claims from affiliates.....							
2.13	Ceded incurred claims to non-affiliates.....							
2.14	Other adjustments due to MLR calculation – Claims.....							
2.15	Net Incurred Claims (Lines 2.10 + 2.11 + 2.12 – 2.13 – 2.14)	0	0	0	0	0	300,180	300,180
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)							

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SUPPLEMENTAL EXHIBIT FOR THE YEAR 2010 OF THE CINCINNATI LIFE INSURANCE COMPANY

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

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REPORT FOR: 1. CORPORATION CINCINNATI LIFE INSURANCE COMPANY

2. LOCATION Fairfield, OH 45014-5141

NAIC Group Code 0244 BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2010						NAIC Company Code 76236			
All Expenses		Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1	2	3	4	5	6	7	8	General Administrative Expenses	Total Expenses (6 to 9)
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses		
1.	Individual Comprehensive Coverage Expenses:										
1.1	Salaries (including \$ for affiliated services)						0			484	484
1.2	Outsourced services						0			37	37
1.3	EDP equipment and software (incl \$ for affiliated services)						0			155	155
1.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0			9	9
1.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0			4	4
1.6	Other expenses (incl \$ for affiliated services)						0			198	198
1.7	Subtotal before reimbursements and taxes (1.1 to 1.6)	0	0	0	0	0	0	0	0	888	888
1.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
1.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1.10	Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	888	888
1.11	Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
2.	Small Group Comprehensive Coverage Expenses:										
2.1	Salaries (including \$ for affiliated services)						0				0
2.2	Outsourced services						0				0
2.3	EDP equipment and software (incl \$ for affiliated services)						0				0
2.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0				0
2.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0				0
2.6	Other expenses (incl \$ for affiliated services)						0				0
2.7	Subtotal before reimbursements and taxes (2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
2.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
2.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2.10	Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
2.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
3.	Large Group Comprehensive Coverage Expenses:										
3.1	Salaries (including \$ for affiliated services)						0				0
3.2	Outsourced services						0				0
3.3	EDP equipment and software (incl \$ for affiliated services)						0				0
3.4	Other equipment (excl. EDP) (incl \$ for affiliated services)						0				0
3.5	Accreditation and certification (incl \$ for affiliated services)		XXX	XXX	XXX	XXX	0				0
3.6	Other expenses (incl \$ for affiliated services)						0				0
3.7	Subtotal before reimbursements and taxes (3.1 to 3.6)	0	0	0	0	0	0	0	0	0	0
3.8	Reimbursements by uninsured plans and fiscal intermediaries						0				0
3.9	Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3.10	Total (3.7 to 3.9)	0	0	0	0	0	0	0	0	0	0
3.11	Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0

Quality Improvement Expenses Only		Improving Health Care Quality Expenses				
		1	2	3	4	5
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	Total (1 to 4)
1.	Individual Comprehensive Coverage Expenses:					
1.1	HIT expenses					0
1.2	Other than HIT expenses					0
2.	Small Group Comprehensive Coverage Expenses:					
2.1	HIT expenses					0
2.2	Other than HIT expenses					0
3.	Large Group Comprehensive Coverage Expenses:					
3.1	HIT Expenses					0
3.2	Other than HIT expenses					0
4.	Subtotals/Totals:					
4.1	Subtotal HIT expenses (Lines 1.1 + 2.1 + 3.1)	0	0	0	0	0
4.2	Subtotal Other than HIT expenses (Lines 1.2 + 2.2 + 3.2)	0	0	0	0	0
4.3	Total (Lines 4.1 + 4.2)	0	0	0	0	0

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